DOWER OF ATTORNEY		1,0/500,040
POWER OF ATTORNEY	Application Number	10/530,343
AND CORRESPONDENCE ADDRESS INDICATION FORM Address to: [IF APPLICABLE: MAIL STOP POST ISSUE] Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Filing Date	April 6, 2005
	First Named Invento	r Ralf LERNER
		SULATION IN SUBSTRATE DISKS COMPRISING IICONDUCTORS AND POWER UCTORS
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket No.	60291.000034
I hereby revoke all previous powers of attorney given in the above-identified application.		
Practitioners associated with the Customer Number: OR OR Description (a) reproductive to the leavest section of the leavest section (b) reproductive to the leavest section (c) and the leavest section (c) are also as a section (c) and the leavest secti		
Practitioner(s) named below: Name Registration Number		
Name	Hegis	tration Number
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Please recognize or change the correspondence address for the above-identified application to:		
The address associated with the above-mentioned Customer Number 21967 OR		
The address associated with Customer Number: OR		
Firm or Individual Name		
Address		
Address	State	Zip
City Country	Journal	
Telephone	Ti-ila	
I am the: 🔀 Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record		
Signature Date No. 457 11. 2005		
Typed or Printed Name 1 121 HR05		Telephone +49-361-4276135
Title and Company CORPORATE LAWYER. X-FAB SETICOLDUCTOR FOUNDRIES AC		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
*Total of forms are submitted.		